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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Muthiah Manoharan

Serial No.: 09/594,387

Group Art Unit: 1635

Filing Date: June 15, 2000

Examiner: Not Assigned Yet

For: LIGAND-CONJUGATED OLIGOMERIC COMPOUNDS

DATE OF DEPOSIT: Nov 16 2000

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TYPED NAME: John W. Caldwell  
REGISTRATION NO.: 28 937

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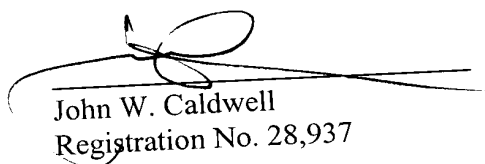
- 2 -

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<i>Error in</i>	<i>Correct data</i>
1. Applicant's name	1. Muthiah Manoharan
2. Applicant's address	2.
3. Title	3.
4. Filing Date	4.
5. Serial Number	5.
6. Foreign/PCT Application Re:	6.
7. Other:	7.

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Date:

*March 16 2000*

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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/594,387	<b>FILING DATE</b> 06/15/2000 <b>RULE</b> -	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1635	<b>ATTORNEY DOCKET NO.</b> ISIS-4390
<b>APPLICANTS</b> Muthiah Manoharan, La Costa, CA UNITED STATES;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/334,130 06/15/1999 <i>my yes</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>my no</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 08/15/2000</b> <b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 54
				<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> Maureen S Gibbons WOODCOCK WASHBURN KURTZ MACKIEWICZ & NORRIS LLP One Liberty Place 46th Floor Philadelphia, PA 19103				
<b>TITLE</b> Ligand-conjugated oligomeric compounds				
<b>FILING FEE RECEIVED</b> 794	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	